

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027336

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

958

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

28460

3

4 0

5 1

6

7 0

8 0

9/93.0

10

11

12 2-0

13 1-7

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 12 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. JosephLength of stay in lb
2 monthc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Methodist Medical CenterInside Limits
No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Washington COUNTY Pierce

c. CITY OR TOWN Tacoma

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2210 N. MasonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Guy

Middle E.

Last McWilliams

4. DATE OF DEATH

Month August 8, 1963

Day

Year

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1/29/18969. AGE (last birthday)
67IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Accountant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Lathrop, Missouri12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Newton McWilliams

13b. MOTHER'S MAIDEN NAME

Maggie Osborne

14. NAME OF HUSBAND OR WIFE

Caroline McWilliams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W. W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Caroline McWilliams, Tacoma, Wash.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Globlastoma of Brain

INTERVAL BETWEEN ONSET AND DEATH

3 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Arteriosclerosis 1-2 yrs.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-13-63 to

8-8-63

and last saw him alive on 8-7-63

Death occurred at

4:00: A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John P. Mahoney M.D.

(Degree or title)

22b. ADDRESS

Plattsburg, Mo.

22c. DATE SIGNED

8-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
8/9/1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)
Tacoma, Washington

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyon Funeral Home, Inc., Plattsburg, Mo. Aug 8, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 17 1963

2117
8440

Permit issued 8-8-63

STATEMENT BY LICENSED EMBALMER

0-8

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip E. Coof

Licensed Embalmer No.

4993

P. O. Address

Clatsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.